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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
X Practitioners associated with the Custo		Customer Number:	er: 00959				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
	Name	Registration Number	1	Name		Registration Number	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
The address associated with Customer Number: 00959							
OR							
Firm or Individual Name Jane E. Remillard, Esq. LAHIVE & COCKFIELD, LLP							
Address One Post Office Square							
City	Boston	State			02109-2127		
Country	US	Telephone	(617) 227-7400	Email	lc@lahive.cor	c@lahive.com	
Assignee Name and Address: Cancer Research Technology Limited 61 Lincoln's Inn Fields London UNITED KINGDOM WC2A 3PX							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature Date 15 March 2010 Name /PJL'Huillier Telephone 44 @20 72693640							
Name	P J L'Huillier		Telephone 44 (20 72693640				
Title Director, Business Management							